

Mountain State Blue Cross Blue Shield Limited Benefit Product Addendum

This Addendum must accompany the Enrollment Form.

Limited Benefits is not designed to be a comprehensive medical policy. The benefits provide a cost effective alternative for those who cannot afford traditional coverage.

Please initial each box and sign below.

- _____ I understand that I am purchasing a policy which has limited benefits.
- _____ I understand that the annual maximum benefit for this policy is \$25,000.
- _____ I understand any claims for covered services rendered above the \$25,000 per calendar year annual maximum will not be covered under this policy.

_____	_____
Applicant's Printed Name	Social Security #
_____	_____
Applicant Signature	Date
_____ \ _____	_____
Agent Printed Name \ Signature	Agent Number